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ORIGINAL DEPARTMENT.

COMMUNICATIONS.

OBSERVATIONS ON THE EFFECTS OF ELECTRIC CURRENTS UPON THE LIVING TISSUES, AND UPON NUTRITION.

By MM. LEGROS ET ONIMUS.

Translated by J. SOLIS COHEN, M. D., of Philadelphia.

CHAPTER II.

CHEMICAL EFFECTS OF CURRENTS.

I.

The chemical actions which electric currents produce consist principally of decompositions. These decompositions depend upon the number and the size of the elements of the pile, and they are subject to the laws discovered by Faraday.

Organic substances are decomposed by currents, and may be thus separated into their immediate principles. Davy, passing a very energetic current upon a laurel leaf, found hydrocyanic acid at the positive pole, and a mixture of chalk, resin, and green coloring matter at the negative pole. Messrs. Conerbe and Pelletier have been able in this way to separate the morphia of a solution of opium. Upon muscles detached from the body and submitted for several days to a strong current, there has been obtained at the positive electrode sulphuric, phosphoric, hydrochloric, and azotic acids; and at the negative pole, the alkalies potassa, soda and ammonia.

Electric currents in traversing organic substances, decompose, then, the salts with which they come in contact according to the ordinary laws of electro-chemistry. This action has been utilized, especially in surgery. We may, in fact, and this is conceded a priori, decompose the salts which are found in the tissues, by means of currents sufficiently energetic, and obtain at the positive pole a cauterization due to the acids which present themselves

there, and at the negative pole a cauterization made by the alkalies. The fact is readily proved, for we obtain at the positive electrode an eschar which reddens litmus paper, and presents all the characteristics of cauterization by acids, while at the negative electrode, the eschar is soft and turns litmus paper blue. The softness of this eschar may sometimes (though very rarely) become a point of departure for hemorrhage. It was so upon a pigeon into whose encephalon we introduced two needles through which we passed a current for ten minutes, for we found after death—which occurred three hours subsequently to the electrization—that the animal had succumbed to a hemorrhage which had taken place near the eschar of the negative pole. The eschar produced by the positive pole, on the contrary, was dry and bloodless.

Electrolysation has on many occasions been employed in surgery. Mons. Ciniselli was the first to call attention to this procedure. But, as has been justly remarked by Mons. Nelaton, in most of the cases where M. Ciniselli employed electrolysation, he might as well have had recourse to the usual means at the disposal of surgery.

It is necessary to have recourse to electrochemical cauterization, especially in cases where other agents cannot be employed with equal advantage, as has occurred with vascular tumors, or with polyps located in the interior of organs. Electrolytic cauterization is a powerful means of destruction, the more that the surgeon can limit its action at his pleasure. M. Nelaton has shown the utility of this method and the mode of its employment in the electrization of naso-pharyngeal polyps; and in a note presented to the Académie des Sciences, he has concluded as follows: "A voluminous tumor, very vascular, giving rise to hemorrhage at the slightest contact, situated deeply within the pharynx and nasal fossæ; a tumor which had been unsuccessfully

attacked by the most energetic agents, has been destroyed in six sittings by the implantation of two electrodes in its mass. This operation was made without effusion of blood, and did not provoke more pain than was easily endured. There was no untoward reaction upon the encephalon; and finally, the destruction was circumscribed within the limits imposed by the operator."

We may here add a remark useful to be remembered by physicians, and that is, that one of the laws of electro-chemical decomposition teaches us, that the quantity of substance decomposed is proportionate to the quantity of electricity which passes in a given time.

According to this law, the decomposition of tissue obtained by electrolysis is the same whether the extremities of the electrodes are single, or composed of several portions. Therefore if, as we have found by experiment, three or four needles implanted in the flesh and communicating with the same pile give each, at the end of five minutes, an eschar of a centimeter in extent, a single needle will furnish in the same time an eschar of the extent of three or four centimeters. There is no advantage, therefore, at least as far as regards the quantity of substance decomposed, in employing a large number of needles communicating with the same pole.

II.

It is necessary to remember, on the other hand, that in electrolytic decomposition the elements separated appear only at the surface of the electrodes. The following experiment made by Davy demonstrates this fact in a very precise manner. Three vessels being united, two by two, by a cotton wick saturated with water, a solution of a natural alkaline salt was placed in the vessel, and distilled water was placed in the other two. The liquid of the three vessels was colored with syrup of violets. When the current was established, the liquid near the negative pole became colored green, while the liquid at the positive pole became colored red, showing that the base of the salt went to the negative electrode, and the acid to the positive electrode. The liquid in the intermediate vase suffered no change of color, although it had been traversed by the acid in the base according to the disposition of the poles in the extreme vessels.

We have endeavored to profit by this transportation of elements to the surface of the electrodes, to augment the energy of electro-

lytic cauterizations. It is evident that if we introduce into the current a salt, such as the iodide of potassium, the iodine will go to the positive pole and the potassa to the negative pole, where each one of these substances will cauterize the surrounding tissues. We have, in fact, produced this effect upon different animals, and have proved the presence of the iodine by means of starch water. In other experiments we have observed analogous phenomena. Saturating sponges with a solution of azotate of potassa, and using these sponges as negative electrodes, we have been able to prove, both by sight and very readily by odor, a sufficiently abundant disengagement of azotic acid at the platinum wire, which communicated with the positive pole of the pile. This platinum wire was introduced under the skin, at 10 centimeters from the negative electrode.

III.

To demonstrate that the cauterization is due solely to the presence of acids or alkalies in the neighborhood of the poles, we have placed carbonate of soda at the positive pole, and a feeble acid, such as tartaric acid, at the negative pole. Under these conditions there had been some slight change in the transparency of the tissues, but an eschar had not been formed. In a chemical point of view the eschars produced by electrolysis are due solely to the acids and to the alkalies which are deposited at the electrodes, and will be equally obtained in employing directly an acid as a base.

But at the same time that the electric currents produce decomposition at the two poles, they act physiologically upon the tissues which they traverse, and if the eschars do not present the characters which are obtained by other acids and other alkalies, it is necessary to remember with M. Ciniselli, "that the chemical effects of the electric current are not limited to the cauterization, but that they extend to the interior of the tissues; that the diminution of pathological tissues treated by the chemical galvano-caustic is not proportionate to the material destruction produced, which is always greater, and continues sometime after the falling of the eschar."

Mons. Scoutetten has likewise observed, that in the treatment of hydrocele by electrolysis, more liquid disappeared than was decomposed by the current. One portion, and that the greater portion, is then absorbed, and as the electric currents have a great influence

upon the circulation and upon the phenomena of endosmose and exosmose, it is not astonishing that their action is not limited to the sole apparent decompositions.

IV.

The decomposition of metallic salts, and the transportation of the elements to the electrodes, have been utilized by Mons. Pœy, to extract from the body metallic substances which are retained in the organism. But, although this application is just enough theoretically, it is impossible to employ it in practice. We do not reflect upon the small quantity of the metal to be found in the body, whether in saturnine poisoning, or in mercurial poisoning. To remove these substances from the organism it would be necessary to employ a current of an intensity which would be insupportable. Besides this, the metal most largely distributed in the animal economy, iron, would be equally drawn out, and the remedy would thus be rendered worse than the disease. MM. Pelikan and Sawilief, of St. Petersburg, who have occupied themselves a good deal with this subject, deny completely this transportation of metals out of the organism.

This action of the electric current could be utilized in legal medicine in cases of metallic poisoning. We have made some researches on this subject, the most striking experiment being one which produced the decomposition of iodide of potassium. Whether administered internally, or injected beneath the skin, we found evidence, at the end of some minutes, of the presence of iodine at the positive pole upon all portions of the body. Thus, for example, upon a rat, almost immediately after having injected several drops of a solution of iodide of potassium under the skin, we passed a current from 15 Remak elements, and in all portions of the body starch water was blued by the formation of iodine at the positive pole. The coloration was the more rapid and the more pronounced the nearer the poles were approached to each other, or placed in a very vascular locality. Upon the tail, for example, it required a longer time before the coloration appeared. It is thus evident that a salt introduced into the organism may be detected and decomposed by the electric current; but many conditions, particularly the solubility of the salt, develop great differences of effect.

V.

Electric currents, in traversing the blood,

determine its coagulation at the positive electrode. The same occurs for all albumenoid bodies. This property has been utilized by Petrequin in the treatment of aneurism. We need not indicate the operative procedure; but experience has shown that in order to coagulate the blood in the aneurismal sac, it is necessary to employ tension of current and not intensity. Mons. Ciniselli, who has made a complete study of this subject (*De la galvanopuncture dans le traitement des anevrysmes de l'aorte thoracique*), always recommends the employment of the Voltaic pile, or an analogous arrangement; that is to say, small couples and without much intensity. "The pile of Volta," he says, "applied thirty times in twenty-one aneurisms, gave fourteen cures and seven failures, in six of which there supervened inflammation and gangrene of the aneurismal sac. In these cases, the couples which composed the pile had a large surface, and their number was raised to 60 and even to 80, so that the current produced vivid sparks. The intensity was greater than what is necessary to obtain coagulation of the blood. The piles of Wollaston, of Bunsen, of Daniel, of Senee (Linee?) applied twenty-eight times in nineteen aneurisms, produced eight cures and four failures. Eleven of the cases suffered grave accidents to which five succumbed, and in two the disease remained aggravated."—(*Gazette des hopitaux* 8 avril, 1869.)

CHAPTER III.

PHYSIOLOGICAL EFFECTS OF ELECTRIC CURRENTS.

I.

Circulation. Interrupted Currents.—The interrupted currents, as is easily to be proved to the naked eye, in traversing the ear of the rabbit, or any other tissue, provided it be translucent, contracts the vessels, diminishing the circulation, and even arresting it completely. This arrest of the circulation is very well seen under the microscope; and we have varied the experiments, in all sorts of manners, upon cold-blooded, as well as upon warm-blooded animals.

We have studied these phenomena at length, in a previous work (*), and will only add here some remarks in reference to particular facts.

In applying the continuous current upon any region of the body, or upon a united nerve, or upon the filaments of the sympathetic, we intensity of the current, a contraction of the

* *Recherches expérimentales sur la circulation artérielle* (*Journal d'Anat. et de Physiol.*, numéros de juillet et de Septembre, 1868).

arterioles. But the same result did not occur if the current acted upon an isolated sensitive nerve; in this case, instead of producing a contraction of the vessels, it determined a powerful congestion, and the vessels appeared dilated by the sanguinary contents.

II.

The law which we have pronounced in a somewhat absolute fashion, that is to say that interrupted currents contract the arterioles, presents an exception, then, in cases where the currents act solely upon sensitive nerves. Thus, in electrizing with induced currents upon the chorda tympani (Cl. Bernard), a considerable augmentation of the circulation and the secretion of the submaxillary gland was produced. Likewise, in expressing the auriculo-temporal nerve and electrizing its central portion (Schiff), a turgescence of the entire ear resulted very promptly. Similar phenomena take place in electrizing more of the sensitive nerves that can be isolated (Loven). We have examined the different theories to which these facts have given rise, but at the point of view in which we are engaged, it is only necessary to take account of the fact, whatever may be its cause.

Electrization of the limbs by means of interrupted currents traverse in general all the parts; motor nerves and sympathetic nerves are affected by the current as well as sensitive nerves, and consequently the consecutive effect is a contraction of the vessels. It may then be said, in a general manner, that interrupted currents diminish the circulation, and may even arrest it completely by means of the contraction of the arterioles.

Immediately after the electrization there is, on the contrary, a dilatation and an augmentation of the circulation.

III.

There is, however, a method of electrization in which we act upon the sensitive nerves only, and that is when we electrize the skin with dry electrodes, as with the metallic brush. In this case the non-conductibility of the epidermis (when it is not moistened) prevents the electricity from penetrating to the interior of organs. In fact, only the cutaneous sensitive nerves are acted upon, and their excitation, as does that of special and deep sensitive nerves, produces a more active circulation and an elevation of temperature. Messrs. Brown-Sequard and Lombard have observed that the irritation of the cutaneous nerves determines,

in an active manner, an elevation of temperature in the limb irritated (*).

Induced currents, then, act upon the circulation in an entirely different manner, according to their mode of application. But, in the case of cutaneous electrization, there is no longer a special action of the electric current; the electricity acts more as an energetic mode of irritation, easily managed. Pinchings, frictions, etc., act in the same manner but in less proportion.

Mons. Duchenne has proposed cutaneous electrization in neuralgia, and in cutaneous and muscular hyperesthesia. According to this physician, cutaneous electrization, in determining a derivative pain, produces indirectly an anesthesia of the affected nerve. This explanation is a little hypothetical, the more so that it employs the term derivation, of itself quite vague. We see that irritation of the cutaneous sensitive nerves determines an augmentation of the circulation, and it is in this physiological fact that we find the best explanation of the action of derivative medicines; for, we repeat, in cases where cutaneous electrization is followed by success, we obtain equally good results from frictions, the red hot iron rapidly passed over the skin, vesicatories, etc. Mons. A. Becquerel is perfectly right then when he contends, in opposition to M. Duchenne, that cutaneous electrization aids in neuralgias by producing "a veritable capillary hyperemia, which very probably plays its part in the displacement of the neuralgic pains."

IV.

Continuous Currents.—Continuous currents augment in general the circulation. We have already cited the experiment made by Humboldt upon himself. There is imperfectly distinguishable by the unaided eye, a greater vascularity of the tissues; and Remak insists much upon the dilatation of the vessels which is perceived after some length of application of the current. Messrs. Robin and Hiffelsheim are the first who have examined the circulation under the microscope, and who have seen that the circulation becomes augmented under the influence of continuous currents. We have made numerous researches upon the subject, for we consider it as essential and of fundamental importance to thoroughly understand the action of therapeutic agents upon the circulatory phenomena. The greater or less quan-

*Archives de Physiologie, novembre—decembre, 1868.

tity of blood in a tissue, its variations of tension and of movement, are the primary cause, and often the only cause of pathological troubles. There are, without doubt, certain facts upon the interpretation of which we may have deceived ourselves, and we would be the first to dismiss systems and theories; but we believe it very important to dwell upon the fact which we have discovered, which relates to the direction of the currents. *The centrifugal or descendant current dilates the vessels; the centripetal or ascendant current contracts the vessels.*

V.

We have had occasion to observe several pathological cases where this law has been confirmed, and conducted us to very curious results. We have seen, for example, in cases of leucorrhœa, that the positive pole being applied upon the lumbar region of the spine, and the negative pole upon the neck of the uterus, the secretion has been augmented; while it has been instantaneously arrested, or at least much diminished and for two or three days, by placing the positive pole upon the womb and the negative pole upon the lumbar region. Many other cases have been equally instructive, but we do not wish to insist here but upon one other among them, which appears to us more striking than all the others. The following is the physiological experiment which serves us as a point of departure:

(To be continued.)

A CASE OF CÆSAREAN SECTION.

By JOSHUA B. GRAVES, M. D.,

Of Corning, N. Y.

Reported by Charles M. Graves, M. D.

The 17th of Oct., 1855, Dr. J. B. Graves was called to see, at 10 A. M., a Mrs. Bump, at Centerville, now Corning, N. Y. She was twenty-six years old; married two years; her body of medium size; her arms and forearms, her thighs and legs about the size of a child of ten years, though rather more fleshy. Her husband carried her about the country exhibiting her as a great curiosity. She was exhibiting at Centerville when she was taken in labor, Monday, October 13th. She had had a number of medical advisers previous to the 17th; had had fourteen different physicians to see her; she was at this time under the special care of a young physician of Corning. On the morning of the day Dr. G. first saw her he made an attempt to perform craniotomy,

but without success. There were ten physicians present when Dr. G. reached the house; he found her very much prostrated; no labor pains; pulse extremely feeble; external surface extremely cold. On examination per vaginam found the os partially open, easily dilated, the head of the child pressing firmly on the brim of the pelvis in the right iliac fossa. The waters were evacuated on Monday. The pelvis was so narrow that it was with great difficulty that the index finger could be passed through it so as to determine the position of the head. The face of the child was turned to the right iliac fossa. Dr. G. soon concluded that the child could not be delivered alive or dead by the vagina, and that mother or child could only be saved by the Cæsarean section. After consultation it was determined to administer stimulants and give the patient a few hours' rest before attempting the operation. That practice was commenced and the council adjourned until 3 o'clock, P. M. The patient soon fell into a quiet and refreshing sleep; was aroused every half hour and stimulants and tonics administered. At 3 o'clock reaction was quite well established, and she had occasionally slight labor pains at intervals of ten or fifteen minutes.

We ascertained by auscultation that the child was still alive, and that the moment for operation, with any prospect of success, had now arrived. Having made our preparations, the patient was placed upon a couch—chloroform was administered, and, assisted by Dr. Brown, of Addison, an incision was made in the linea alba from two inches below the umbilicus down towards the symphysis pubis six inches in length. The walls of the abdomen were then retracted with two blunt hooks of bent wire and firmly held by two assistants. This brought the uterus into view, within reach and of easy access. Dr. G. then steadying the uterus with his left hand, with the right hand made an incision through the walls of the uterus, commencing in the centre of the organ three inches from the fundus, cutting carefully and slowly down toward the cervix, four and one-half inches in length—deepened the cut until he reached the cavity of the womb, then retracting the walls of the uterus with the fingers, the right leg of the child was brought into view, and the child readily and easily extracted and the cord ligated and cut. The womb immediately contracted with vigor, the placenta loosened with very little hemorrhage and was removed through the

incision. The womb now contracted so that the incision was not over two inches in length, and its sides appeared to be in perfect apposition. After sponging out the abdomen, Dr. G. closed the incision with adhesive plaster, sutures, and with a bandage over all. The entire operation occupied but fifteen minutes.

The patient came out from the influence of the chloroform and the operation without any unpleasant effects, except that she was greatly reduced. Ordered stimulants every half hour, with a little rice water, and 1-4 of a grain of morphia sulph. every 4 hours. She rested well that night (17th) and appeared well the next day, the 18th. The stimulants were discontinued; the morphia and nourishment continued. The child, a boy weighing seven pounds, was alive and well. The patient continued to gain, and appeared to be doing well until the next Wednesday, the 22d. On the morning of the 22d the physician who had charge of the case supposed the bowels should be moved, and administered a tablespoonful of castor oil and a teaspoonful of spirits turpentine. One hour after the patient was in great distress. Early in the afternoon Dr. G. was called; when he reached the place, found her in extreme distress, complaining principally of pain in back and lower part of bowels; pulse small, frequent and irregular; countenance, anxious; no tenderness of abdomen; no bloating of bowels. The wound of the abdomen looked healthy, and was rapidly healing. Ordered the morphia increased to half a grain; injections of warm water in the rectum and vagina; very little lochia came with the injection from the vagina, and a very little bloody mucus with the injection in the rectum. Her distress continued with very little abatement till Thursday, at 4 o'clock, when she died.

Friday, at 11 A. M., Dr. G. held a post mortem in the presence of a large number of physicians.

There was no apparent inflammation of the peritoneum.

The incision through the abdominal walls, in its entire length, had united, though the union was not sufficiently strong to hold the parts together after the removal of the ligatures. The process of healing was going on very well, and had advanced as far as could be expected in so short a time. The incision through the uterus was in a similar condition. There was an accumulation of lochia in the cervix uteri, and a slight oozing therefrom through the lower part of the incision. The

mouth of the womb was so nearly closed that but little lochia passed into the vagina. The vagina was much inflamed, and there were three holes through the posterior wall near the os. There were three wounds through the rectum extending through the anterior and posterior walls. There were three wounds in the sacrum, near its junction with the lumbar vertebra. There was extravasated blood between the rectum and the sacrum, and also some pus, though not a large quantity. The parts from the promontory of the sacrum to the cervix were in a high state of inflammation. The physician who attempted to perforate the head of the child must have mistaken the promontory of the sacrum for the head. The wounds in the sacrum seemed to indicate that the perforator entered the sacrum, and was then opened. Such was the deformity of the pelvis that that mistake was very easy to make. The antero-posterior semi-pubic or conjugate diameter of the pelvis was one inch. The lateral transverse or iliac diameter measured five and one-half inches from a point midway between the promontory of the sacrum, and the sacro-iliac junction to the ramus of the pubis on the same side, measured one inch and one-eighth. The anteroposterior diameter of the inferior strait was six inches. These measurements were made after a careful dissection of the pelvis before it was dried.

A very interesting question now arises. What was it caused the death of this woman? Was it the operation, or was it the treatment she received before the operation? or both combined? Had we known what had been done previous to the operation, could the fatal result have been avoided? Was death caused by the violent inflammation in the pelvis? If so, why did not the symptoms manifest themselves before the oil and turpentine were administered? Did the morphia hold the inflammation in abeyance until the cathartic was given? If the inflammation had been active all this time, why did it not form pus and an abscess. The pelvis was stolen from Dr. G.'s office before he had time to examine it, and determine to what extent the wounds of the sacrum had injured it, if any. Did the administration of the oil and turpentine produce death? Why was there such violent inflammation about the vagina and rectum and the sacrum, and only adhesive inflammation about the incisions through the abdominal walls and uterus?

The child is still living in Pennsylvania, is a large, well formed and intelligent boy, in his fourteenth year.

There was no vomiting during the entire time of her sickness. There was no secretion of milk.

HOSPITAL REPORTS.

BELLEVUE HOSPITAL, NEW YORK.

Specially reported for
THE MEDICAL AND SURGICAL REPORTER.

1. DISEASES OF CHILDREN.

Clinic of Prof. A. JACOBI.

Chorea.

A boy five years old, of healthy parents, was presented, giving a history of having been affected with the present trouble for three months, and two months ago having had rheumatism. The muscular actions on his right side are involuntary, and twitching to such a degree that he can with difficulty put a penny in the pocket on that side, but on his left he does not have that difficulty. His speech is also slightly altered, although on pulling out the tongue there is no evident paralysis.

Prof. JACOBI said this was a case of chorea minor; chorea is divided into the two forms—chorea major and chorea minor. Chorea minor, or St. Vitus' dance, is a disease of the nervous centers, in which there is a want of co-ordination of muscular action. This rarely takes place in sleep, but in severe cases the motions have continued even under the influence of chloroform. During sleep it is usually found that the chorea is discontinued, but frequently it occurs that if the patient begins to dream, the motions occur, and when there is profound slumber there is also complete rest. In the great majority of cases this disease is unilateral, but in very bad cases it may be bilateral. In this latter class, however, it begins unilaterally. When the case is fatal, the cause of death is the exhaustion which ensues, and for which no relief is given. We must look either in the cerebellum or its neighborhood for the seat of lesion in this disease, for I still believe, regardless of what has been affirmed, that the cerebellum is the center of the co-ordinate power. In many cases no lesion whatever can be discovered that would account for the symptoms.

It often happens that there is a direct relation between rheumatism and chorea minor, and it may be that the cause of the chorea is due to a rheumatic affection of the meninges as well as to hyperemia of them. Irregularity of the circulation, so common in children, or impoverished nutrition, may and does frequently cause chorea. As I previously said there a relation between rheumatism and chorea, as in

the present instance. We may have chorea on one side and rheumatism on the other, or it may be that the first thing noticed is chorea, and on examination discover cardiac lesions.

Children are very subject to pains to which little attention is paid, and are classed as growing pains. Many times these are rheumatic, involving either the muscles or the periosteum. These conditions are very liable in later life to give rise to diseases of the nervous system, as hysteria, etc.

Treatment.—The patient must be treated mainly by symptoms. In this case I think I should give three drops of Fowler's solution. I believe it is the best remedy. Ten years ago I gave the nitrate of silver, because it is a reliable nerve, and now and then I still have recourse to it occasionally. Belladonna is found of service.

As a rule we may expect, to see the effects of the arsenic, in three or four weeks and in six or eight weeks a cure.

Cases have occurred where I found the constant galvanic current of much service, to control the motions when other means have failed. In one child that had not slept for a fortnight, it acted like a charm in procuring sleep. I consider it to be one of the most valuable anti-spasmodics that we possess.

If convulsions are very violent chloroform is to be employed.

If I had one of those cases at present to treat, I think that I should use the hydrate of chloral in preference to chloroform, but, so far, its merits in this condition have not been established, though I think there can be but little doubt as to the result.

2. DISEASES OF WOMEN.

Clinic of Prof. T. G. Thomas.

Hypertrophied Elongation of the Cervix Uteri—Operation.

Mrs. B., a case shown at a former clinique, was presented for operation. The cervix projected out of the vulva, bearing a striking analogy to the male organ.

Professor THOMAS explained that it might be diagnosed from prolapse by the probe, speculum, touch, also by conjoined manipulation. In this instance the uterus cavity measured over four inches in length.

In the treatment of this condition different plans have been proposed.

1. By slitting up each side of the elongated cervix, dissecting off the mucous membrane, amputating the flaps, and then covering the stump with the dissected membrane.

2. By means of the *ecraseur*.

3. By *Galeano-Cautic*.

Recourse was had to the latter method in the present case. The wire loop of the instrument was adjusted around the neck, and in about two months one inch of the cervix was removed.

After the operation, slight hemorrhage took place, but was easily controlled. The bleeding was due to the wire loop cooling slightly during the operation. This was occasioned by connection being accidentally lost with the battery for a few moments.

Afterwards the vagina was tamponed slightly, to prevent the further possibility of hemorrhage.

Prolapse of Uterus.

Mrs. F.—This patient has been long suffering from prolapse of the uterus, and for which she has obtained but slight relief. She has worn a thin India rubber ball in the vagina; this answered very well for a time, but the air escaping, it was rendered useless. Whilst her circumstances prevented her removing it, Dr. Cutler's pessary was advised and applied. No inconvenience is experienced, as might be expected, from the tube passing up the cleft of the nates.

Dislocation of Ovary.

Mrs. L.—Patient suffers with very great pain at every monthly epoch. A vaginal examination reveals a small tumor at the upper and posterior portion of the vagina. Upon making pressure upon this tumor great pain is experienced. The diagnosis is dislocation of the ovary downward into Douglas' cul-de-sac. It is much enlarged, in all probability from sub-acute ovaritis. The reason of the pain noticed during the menstrual period is from engorgement which takes place, and increases the difficulty.

The prognosis is very unfavorable, and relief will come but slowly.

The treatment that will be recommended, consists of applying tr. of iodine to the upper portion of the vagina; also a suppository containing belladonna.

In order that the patient may not be habituated to the influence of opium, bromide of potassium (5 grs. ter die) also may be given, inasmuch as this remedy in small and regular doses is of advantage in this class of cases.

Whilst the patient is passing through her menstrual epoch, it would be very serviceable to elevate the foot of the bed, in order that gravity might assist in preventing engorgement.

MEDICAL SOCIETIES.

CINCINNATI ACADEMY OF MEDICINE.

November 7th, 1869.

Special Report of the Section of Obstetrics.

BY J. J. QUINN, M. D., CHAIRMAN.

Reported by Dr. Hadlock.

The section on obstetrics, to whom were referred the papers of Dr. J. T. WHITTAKER, read before the Academy, has given the subject treated of as

full consideration as the very limited time since the essays were submitted would allow.

The first essay, "On the Examination by Palpation of the Pregnant Abdomen," gives the history of the external examination of the abdomen as a means of diagnosing the position of the fetus in the uterus, and dwells particularly upon them eager notices of it by English writers; and it is claimed, that an expert manipulator can not only determine the actual position and presentation, but can also ascertain very nearly the exact weight and length of the child.

Although it is true, as intimated by the essayist, that English obstetrical works generally contain no long dissertations on the examination of the abdomen by palpation, there is not one, that we are aware of, which does not mention the enlargement and shape of the abdomen as signs of pregnancy. They may not all direct the application of the hand to the abdomen to ascertain the changes it may have undergone, any more than they direct the eye to the mammae to notice the change around the nipple, but they do not, therefore, imply that palpation of the abdomen, any more than inspection of the breasts, is of no importance in diagnosing a case of pregnancy. Not only do English obstetrical writers mention the changes in the size and form of the abdomen, but they give the differential diagnosis between an abdominal distension from an enlarged uterus, and one from other causes, which cannot be made without external examinations. They also particularly specify the progressive stages of the enlargement of the gravid uterus corresponding to the different stages of pregnancy; and some of them assure us that at certain periods of gestation the limbs of the fetus may be often distinctly felt through the abdomen. These views are not confined to obstetrical writers alone, but are either directly laid down, or clearly deducible from Hall on Diagnosis, Barclay on Medical Diagnosis, Guy's Forensic Medicine, Beck's Medical Jurisprudence, and other English and American works. With such information the intelligent student of English medical literature would hardly fail to attach importance to external examinations of the abdomen in pregnancy. Of what use would be a knowledge of the position which the fundus of the uterus occupied at the end of the third and each subsequent month of gestation, unless the physician was expected to profit by it in determining the existence and stage of pregnancy by palpation of the abdomen in connection with other symptoms? And who would detect and trace through the abdominal walls, the situation of the fetal limbs without forming at least an opinion on the position of the child in the uterus?

But we are not wanting in direct instructions upon external abdominal examinations. One of the modes explicitly recommended for distinguishing a uterine from an abdominal tumor, is palpation. The method proposed by Morgagni, and since recommended by

a number of obstetricians, of immersing the hand in hot or cold water, according to the state of the weather, and suddenly applying it to the abdomen to incite foetal movements, is but a species of palpation. P. Cazeaux, in his work on midwifery, translated into English by Dr. Robert P. Thomas, of Philadelphia, as early as 1850, says that, in certain cases, we must "rely more particularly on abdominal palpation" to detect the active movements of the foetus, than upon any other mode of examination. The same writer lays down particular directions about the position in which the patient should be placed, the mode of manipulation, and the obstacles to be guarded against and overcome in the examination. And he assents to the views of Schmitt, that "abdominal explorations" are often more valuable in determining a case of pregnancy than internal examinations, and that they should always be resorted to in our efforts to form a correct diagnosis.

Notwithstanding the authority we have for the employment of the external examinations, the distention of the abdomen from an enlarged uterus, and the forms or shape of the tumor producing it, have not generally been regarded as absolutely certain and reliable signs of pregnancy. And if not reliable evidences of the existence of a foetus within the uterus, it might be asked how they can infallibly reveal, not only the position and presentation, but the size and weight of the infant? Although we may learn from palpation that the expansion and conformation of the abdomen arise from an enlarged womb, and not from ascites, or tumors external to the uterus, are we sure that the changes have been the result of pregnancy? Can we determine positively in the absence of foetal movements, placental murmur, or motions of the foetal heart, from an external examination, whether the enlargement of the uterus is the result of conception, or whether it is caused by moles, hydatids, or other morbid growths within the cavity of the organ? Fodere and Mahon seem to think not. And this is also the opinion of most writers upon the subject with whom we are acquainted. When an examination at an early stage of pregnancy is deemed necessary, Fodere and Mahon advise the emptying of the bowels and the placing of the patient on her back with the knees elevated. Then, they say, "if the woman be not too fat or deformed, the uterus may be felt through the parietes of the abdomen, by applying the extended hand over the middle of the hypogastrium, so that the thumb touches the navel and the small finger the pubes. On her making an expiration the enlarged uterus may be felt, hard, and of a spherical form. If these be present they indicate an increase in the size of the uterus, but not the cause of it.

If to palpation be added ballotement or auscultation and other methods of examination, the diagnosis would, of course, be more certain. But would it even then indicate the position and presentation? Dr.

Francis H. Ramsbotham tells us very emphatically that "there are no symptoms manifested previously to the commencement of labor, by which we are able to determine that the child lies transversely in utero." After alluding to some of the conditions that may cause an unusual form in the distended abdomen and lead to a suspicion of a transverse presentation, he adds, "we can, therefore, by no means rely for a diagnostic mark on the external figure as detected by the application of the hand." Although we may suspect an irregular position, "it is," he continues, "only after labor has commenced, and when, indeed, it has made some progress, that we can positively detect a transverse presentation." And he concludes by saying that "we can only positively detect a transverse presentation by distinguishing the different parts of the child, which indicate to us the mode in which it lies." Upon the subject of breech presentations he states that no reliance can be placed on the size and shape of the abdomen as compared to its appearance in former pregnancies, and that "there is not one symptom by which we are able to detect that the breech will present previously to the commencement of labor." And he adds, that any suspicions drawn from the belief that we have detected the hard, globular head of the foetus through the abdominal parietes, even though the walls of the uterus were unusually thin and the woman much attenuated, "must be very liable to error; for it is far from easy to distinguish the head by the hand applied externally; and the labor must be somewhat advanced before we can ascertain that the breech is offering itself at the pelvic brim." In these views Dr. Ramsbotham is sustained by other high authorities. On the other hand Cazeaux lays down certain external signs by which a transverse position may be reasonably suspected even before the beginning of labor, and he asserts that breech presentations may be "almost positively diagnosed" before labor has commenced.

Our own experience would not warrant us in discarding examinations of the abdomen by palpation as a mode of diagnosis. We regard it as a valuable, though not infallible, means of determining the existence of pregnancy, and also of enabling the operator at advanced periods of gestation to form an opinion whether the position is natural or irregular. Of course when aided, as recommended in the paper, by auscultation, its value is enhanced. The author, however, just quoted (Cazeaux) "does not believe that auscultation can throw any light on the diagnosis" of transverse positions, although it may assist in detecting some presentations of the vertex and breech. Whether palpation possesses all the advantages and virtues claimed for it by its ardent advocates, may be doubted; at all events it is a subject still open for discussion; and as such we report it back to the Academy.

(TO BE CONTINUED.)

PROCEEDINGS OF THE NEW YORK JOURNAL ASSOCIATION.

Novel Method of Applying Pressure.

Dr. LEWIS A. SAYRE laid before the Society a new method of applying pressure. It consists of India-rubber bags so made as to encircle the part. So efficacious are they that by blowing them up, the circulation in a limb will be stopped. By filling the bags with hot or cold water another very valuable application is obvious.

Dr. SAYRE stated that he obtained great benefit from it in chronic synovitis of the knee-joint, but that its happiest results were obtained in diseases of the ankle-joint, where it was absolutely impossible to keep dressings on without giving rise to chafing and inconvenience. Some discussion arose as to whether or not irritation would be caused by the material of which the apparatus is formed. Dr. SAYRE said in reply that in one case of his the patient had worn one of them without any discomfort whatever for five months.

Dr. POST read notes of two cases of

Stricture of the Urethra.

in which the patients when anesthetized allowed of the passage of large instruments, although before it was found impossible to pass them.

A New Journal Projected.

Dr. HENRY being present, and being requested to inform the Society in respect to his projected quarterly on syphilography and dermatology, said that it was his intention about the beginning of the year, to issue a periodical on the above subjects. He said that there was none such in the English language, but that Erasmus Wilson issued one in England on dermatology.

NORFOLK, MASS., DISTRICT MEDICAL SOCIETY.

From the Proceedings of the Quarterly Meeting at Hyde Park, Mass., November 10th, 1869.

The Case of Dr. Charles L. Green, U. S. Navy.

Dr. STEDMAN, of Rochester, asked the attention of the Society to a recent trial in the Navy. He read to the members the General Order, No. 140, of the Department, which promulgates the charges against, and sentence of Dr. CHARLES L. GREEN, for refusing to take the name of a seaman off the sick-list when ordered to do so by his commanding officer. He also quoted part of the article commenting on this sentence from the November number of the *Philadelphia Medical News and Library*, and announced that Dr. GREEN had resigned his commission as Past Assistant Surgeon in the Navy.

Dr. C. C. HOLMES, of Milton, said he took pleasure in moving the following resolutions:

"The members of the Norfolk District Medical

Society, having read the General Order, No. 140, of the Navy Department, containing the charges against and sentence of Dr. CHAS. L. GREEN, late Passed Assistant Surgeon, U. S. N., Resolved:

"1. To express their sympathy with Dr. GREEN, and their approval of his conduct.

"2. That the resignation of his Commission was due to the dignity of the profession which he represents.

"3. That while his reprimand stands on record, it is not easy to see how any young gentleman of education and spirit can apply for admission to the Medical Staff of the Navy.

"4. That the present status of the Medical Staff of the Navy, impairs the efficiency of the corps and the service, and constitutes a grievance demanding redress by Congress.

"5. That the Secretary of the Society be directed to send a note of this action of the Society to Dr. GREEN, and to print it in the *Boston Medical and Surgical Journal*, and the *New York Medical Gazette*, and *MEDICAL AND SURGICAL REPORTER*."

The President, Dr. COTTING, said that he agreed heartily with the spirit of the resolutions, and suggested that 300 copies be printed for circulation, and a copy sent to each member of Congress from Massachusetts; which was agreed to.

Dr. HAZLETON, of Mattapan, in seconding the resolutions, gave some details of his medico-naval experiences.

Dr. EDES, of Roxbury, said he was one of those who had escaped from naval life into freedom, and remarked that the case in question had its origin in the undefined authority and status of the Medical Staff in the Navy. No one who lived on shore could understand the importance of an officer's rank on board ship. On it depended not only his comfort but the respect due from others, and almost his own self-respect. The Medical Officers did not want command, but they desired a position suited to the dignity of the profession they represented. He had the pleasure of knowing many honorable and gallant naval officers who were far above the meanness which could offer indignities to gentlemen of other professions associated with them, but he wished the doctors to receive by law and as rights, even more than the privileges which are now often accorded to them by usage and courtesy, but which may be, as in the case of Dr. GREEN, infringed by the whims or overbearing disposition of a martinet captain.

Dr. BURGESS, of Dedham, said he wanted the resolutions passed, not only from sympathy with Dr. GREEN and the Medical Corps of the Navy, but also in behalf of the men before the mast who had a claim on the surgeon's judgment and skill.

The resolutions were adopted unanimously,

EDWARD JARVIS, Secretary.

B. E. COTTING, President.

PATHOLOGICAL SOCIETY, NEW YORK.

November 24th, 1869.

The President, Dr. SAYRE, in the chair.

Death from Laudanum and Chloroform.

Dr. FINNELL presented three specimens.

First, the stomach from a patient who committed suicide by swallowing two ounces of laudanum. Death occurred eighteen hours after taking the laudanum; five hours previous he was taken to Bellevue Hospital where he breathed about four or five times every minute. The stomach pump was used to inject water and eject the contents, but breathing completely stopping, it had to be removed. By the advice of Prof. Loomis cold douche was used; respiration then rose to twenty per minute; this was kept up by the galvanic battery being applied every two minutes. Up to this time pulse was slow and full; pupils moderately contracted. It now began to get weaker. This continued for four hours, when he died. Previous to death, breathing was sighing and simulated that found in coma of meningitis. There was no rapid increase of breathing just before death. The stomach was found to be in places congested.

The second specimen was obtained from a case of death by chloroform whilst being operated on for piles; six weeks previously had a severe attack of dysentery. Liver showed a cavity holding 8 oz. of pus. The organ was cirrhotic. Heart pale and flabby; spleen contained some nodules.

Bronchocele.

The third specimen was from a Swede, æt 45. The case showed a large bronchocele of the shape of a kidney with its concave surface directed upward. The patient died of *delirium tremens*. On making the autopsy, and removing fascia, large veins, the size of a crow quill, are discovered running perpendicularly, smaller ones transversely. In this case the spinal column had undergone lateral curvature, whilst the vertebrae were rotated, giving rise to the appearance of projection, as observed in Pott's disease, with angular curvature. In respect to the first case Dr. Finnell presented, Dr. Sands related a cure in which $\frac{3}{4}$ gr. morphia, in conjunction with 1-60 gr. of atropia, injected hypodermically, gave rise to symptoms of poisoning by opium. During the progress of the case the pupils were dilated, though all the other symptoms pointed to poisoning by the morphia.

Dr. LEE presented a case of

Fibro-Cystic Tumor of the Uterus

from a patient in his service at St. Vincent's Hospital. The diagnosis of Dr. LEE confirmed by the gentlemen of the consultation, was that it was ovarian. This, however, proved to be not the case.

Dr. GEORGE T. ELLIOTT presented a

Colloid Tumor of the Ovary.

Patient was 36; had one child and an abortion at three months; at 13 began to menstruate; at 15

complained of bearing down pains; at 28 was married. Three years ago complained of pains in the abdomen and left groin. On one occasion became greatly swollen during one night. Menstruated regularly. In 1867-68 pain entirely ceased. August, 1868, stream of water gushed from the vulva; tumor now felt in left groin. April, 1869. Severe pain and hard lump found in right groin. On admission to the uterine department of Bellevue Hospital her general condition was good. Nov. 18th. Physical examination reveals the uterine cavity to be four inches in length. The measurements of the abdomen are 10 inches from the ensiform cartilage to the symphysis pubis; 12 inches to the right anterior spine of the sacrum; 11 to the left, 42 inches in diameter parallel to the umbilicus, and 34 at the ensiform cartilage. Patient had rectocele, and the vaginal wall was prolapsed, showing a tumor, size of goose egg. Nov. 19th. By the advice of the consulting gentlemen, patient was tapped in the median line. No fluid, however, escaped, but by means of a syringe a small portion was withdrawn.

Nov. 20th, 7, A. M.—Patient began to vomit; 10, A. M., complained of pain in the epigastric region.

2.30, P. M.—Respiration 44, jerky thoracic.

5, P. M.—Sinking rapidly. 8, P. M., patient died.

P. M. Twenty-four hours after death. Marked decomposition had set in to such an extent that she would not have been recognized; viscera greatly decomposed; rectocele tapped and one quart of fluid escaped containing lumpy masses. Dr. SOUTHACK, pathologist to Bellevue Hospital, reported it as consisting of colloid cancer of the ovaries and of the peritoneum. In the transverse fissure of liver was another nodule of the same composition.

Dr. LOOMIS presented a specimen from a case, æt. 61, Scotchman, usually costive, and in the habit of taking cathartic pills occasionally. At 5 P. M., after taking dinner, he walked from Vesey street to Twenty-second street (2½ miles.) Before reaching home, complained of pains in the abdomen, and on reaching his house he vomited. After getting as far as the second floor his bowels moved; this was at 6 P. M. At 11 P. M. Dr. L. was called; found patient sitting up; pulse 80; temp. normal; facies indicative of pain; pain over abdomen not increased or relieved by pressure; no contraction of abdominal muscles; 10 drops of sol. Magend. given by mouth; in two hours to be repeated; at 6 A. M., no collapse; had not vomited since he was seen; respiration hurried; one hour after, he died.

Autopsy 48 hours after—(body kept on ice)—heart enlarged; left side contained fluid blood; aortic valves calcified; insufficient peritoneal vessels—visceral and parietal—impacted flakes of lymph at sigmoid flexure and at lower part of colon; viscera normal. On the sigmoid flexure and descending colon are observed diverticula standing out about $\frac{3}{4}$ inch and looking like warts viewed from the peritoneal surface. They were very thin, and were covered by a mucous and peritoneal covering; had no perforations in them; were tested by water. Dr. S. said this was the only recorded case that he was aware of.

EDITORIAL DEPARTMENT.

Periscope.

Feeble Children.

Dr. DAY, in the *Lancet*, gives this case and remarks:

In April, 1869, a lady brought to me her little girl, four years of age, who was a very intelligent and pleasing child. I was left to find out her ailment as well as I could, her mother saying "She really did not know what was the matter with her, but she was certain she was not well." When a year old the child suffered from palpitation, and two years since she had whooping cough. She appeared quite well till seven or eight weeks ago, since which time she had been ailing in health. She was said to be "so very languid, and constantly yawning, and wishing to go to bed early in the day," and not caring for her meals. Her face flushed on being asked a question, and when a stethoscope was applied to her chest, she burst into a fit of tears, which her mother said was not natural to her. The tongue was faintly furred at the back, and the urine was rather high colored; the lower eyelids were dark, and the expression languid, but no complaint whatever was made of pain; the bowels were said to be rather confined. I advised that the child should be tempted to take nourishment frequently, milk and eggs being given in the way that were most agreeable to her. She was not to suffer fatigue from running about, but to be driven in an open carriage when the weather was fine, or to be wheeled about the garden. Aperient medicine was strictly forbidden. Thirty minims of the syrup of compound phosphate of iron in two teaspoonsful of water were ordered three times a day. Improvement soon set in, and on the 12th of May she had nearly recovered her usual activity, the appetite had returned, the tongue was quite clean, and the bowels acted regularly every day.

A careful physical examination in these cases reveals nothing important about the chest or abdomen. The two most common attendant symptoms are headache and pain at the epigastrium, both being signs of debility in the brain and stomach respectively. So far as we can learn, the headache seems to be a heavy oppressive weight across the centre of the forehead, and it is very persistent, giving the child a dull and painful appearance. In many of these cases the aspect is desponding and inanimate, and the cheerful expression of childhood has vanished; the eyes are heavy and have a hollow look, but there is nothing approaching intolerance of light, nor squinting, as we observe in threatening cerebral

disease, though it is not to be forgotten that the brain may be involved if these symptoms are allowed to go on without treatment. The pain in the stomach is of the same dull aching character, rather discomfort than actual pain, and is limited to the root of the ensiform cartilage, or its immediate vicinity. It is the uneasiness of slight gastralgia, or the gnawing sensation we have all experienced when the stomach is empty, and we are waiting for a meal to appease it.

There may be aching of the limbs, muscular fatigue, and pain in the course of the spine.

There are no very striking symptoms which indicate this derangement in the health. It is to the totality of them we must look for a diagnosis. There is nothing, so to speak, that is apparent or tangible to any but the closest observer, and hence it is that a depraved state of health creeps on unnoticed, and is not discovered until some very prominent symptom arrests attention. The flame is kindled before the spark is seen, and time is lost in extinguishing it.

Such cases as these make us cautious in giving an opinion. In the absence of any discoverable disease, we are doubtful whether this unaccountable debility may not be the harbinger of ultimate mischief. Disease may be hidden, to come forth by-and-by. In the disease of adult life, a cause is often discovered. Not so in the cases I am describing; the debility is uncomplicated, and it must be seen and treated before it has merged into actual disease.

These cases usually terminate well if promptly and skilfully treated; but a continuance of this condition may lead to protracted disease, and subsequently to death. For example, deficient nervous power, as shown by headache, may lead to cerebral exhaustion, and to coma and convulsions, in the same way that congestion and inflammation of the brain may terminate. Opposite states of the system, leading to the same consequences, but requiring a different mode of management.

The weak and enfeebled stomach of young children, causing instant rejection of food by vomiting, is often checked by a simple tonic medicine, and sympathy is so strong with the cerebral functions that, when the stomach has recovered its power, the brain is lulled into quietude. If it did not so yield to treatment, the symptoms would pass on and implicate the brain in the manner just described. To equalize all the forces of the body is the surest method of maintaining its efficient working. It is the loss in either that invites disease.

Those cases of pure and simple debility, when neglected, cause chorea, epilepsy, convulsions, par-

alysis, &c., and finally lead to those changes in the blood which originate anæmia, tuberculosis, and every form of diathesis that lowers health and provokes disease.

On Maternal Impressions.

Dr. J. WARRING-CURRAN writes to the *Med. Press and Circular* on this topic:

The result of my own observation is, that in no case does the sudden fright affect the fœtus, that the so-called *lusus naturæ* is the consequence of progressive mental reflection and fear on the part of the mother; she mopes and broods over the shock she has sustained, or the fright she has received, and that, this continued, and in most cases unceasing reflection, eventually affects the embryo or fœtus. A case to the point is this,—a woman told me she was struck in the face with a dead rabbit at the third month of her pregnancy; she quickly wiped with her apron the part of her face struck, and then rubbed her side with the same part of the apron. She felt that the child should be "marked," but was thoroughly impressed with the notion that her presence of mind saved the face, and that the side would be the part affected. Upon the birth of the child a large naevus occupied the left side. We all know that in health, if we deliberately concentrate our attention or fix our ideas on any one organ, or part of our system, that the circulation of that organ or part will become preternaturally increased and abnormally affected. It is an undisputed fact that the most distinguished members of the medical profession—names which will be revered as long as the science of medicine exists—fell martyrs to those diseases upon which they had devoted most of their time, upon which they are still noted authorities; consequently, upon which they must have reflected, studied, and deliberated upon most. Can the force of reflection, the concentration of nervous influence, effect a morbid lesion upon the part or organ studied, or are the too numerous instances recorded mere coincidences or accidental occurrences? Be this as it may, these cases go far to support my theory: in all of them the fœtus was formed, in all of them it was not mere fright or shock and then forgetfulness; but in all of them the parent moped and brooded, and feared that her offspring should be deformed.

Milk and Foot-and-Mouth Disease.

The prevalence of foot-and-mouth disease among our dairy cows, says the *Times and Gazette* (London), has caused the question to be revived as to the wholesomeness of the milk produced by the animals attacked. It is scarcely likely, from what we know of dairymen in general, that any consideration of public health would deter them from mixing the milk of diseased cows—such, at least, as it may be

possible to get from them.—with that of the healthy cows. They are not likely to follow the advice which it is said has been tendered them in Marylebone, and throw it away. In point of fact, we may assume, that at the present time an experiment on a large scale is now in progress as to the wholesomeness of such milk. We have not heard as yet, of any outbreak of disease among children in the metropolis which could be referred to the use of it, neither do we expect to hear of any such catastrophe. Foot and mouth disease is no new malady either here or elsewhere, and Continental experience, so far as it has gone, demonstrates this—that animals, such as swine, as well as the human species, who drink the milk warm from the cow, suffer in consequence from an allied disease affecting the mucous membrane of the buccal cavity, but no such disease is communicated when the milk is allowed to become cold. We should be glad to receive any observations confirmatory, or in contradiction of these experiences. So far as we know now, the milk of cows thus diseased is not unwholesome as distributed in London.

From information forwarded from Tunbridge Wells, we learn that the foot and mouth disease is extremely prevalent in that neighborhood, and that the children and others who use the milk undiluted from diseased animals become affected with an eczematous state of the lips, tongue and palate. We saw this ourselves during the last epidemic in London, in the case of the children of a family which kept a cow for their special supply.

Reviews and Book Notices.

BOOKS RECEIVED.

On Wasting Diseases. By EUSTACE SMITH, M. D., etc. From H. C. LEA, Philadelphia.

On Diseases of Children. By ALFRED VOGEL, M. D. From D. APPLETON & Co., New York.

Hand-Book of Diseases of the Eye. By A. SALOMONS, M. D. From JAMES CAMPBELL, Boston.

On Intra-Ocular Tumors. By H. KNAPP, M. D., etc. From W. WOOD & Co., New York.

A Manual of Hypodermic Medication. By R. BARTHOLOW, M. D. J. B. LIPPINCOTT & Co., Philadelphia.

American Medical Missionary in China.

The American Presbyterian Mission has a medical missionary department in Canton and vicinity. It has done a great deal of good the past year, treating 50,636 out-patients and 1,038 in-patients, and has performed 1,038 surgical operations, some of them of great importance. A medical class numbers 12 scholars.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, DECEMBER 11, 1869.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

To insure publication, articles must be practical, brief as possible to do justice to the subject, and carefully prepared, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

1870. SPECIAL NOTICE!! 1870.

By reference to the *Prospectus* in another column, it will be seen that we have made, and are making arrangements for communications from some of the best medical writers, and most prominent medical men in the country. WE ARE EXPENDING MORE ON THE LITERARY DEPARTMENT OF THE REPORTER THAN WAS EVER BEFORE DREAMED OF IN MEDICAL JOURNALISM IN THIS COUNTRY.

As a large proportion of our subscribers are, or very soon will be sending in their subscriptions for 1870, and many of them can, by a LITTLE EXERTION, send the names of NEW SUBSCRIBERS, we offer the following

LIBERAL PREMIUMS!!

which the reader will observe are not composed of old and unsaleable books, but of

NEW AND LIVE BOOKS!

AND SURGICAL INSTRUMENTS!!

1. For 1 new subscriber and \$5, a copy of the *PHYSICIAN'S DAILY POCKET RECORD*—or any other publication the retail price of which is \$1.50.

2. For 2 new subscribers and \$10, a copy of *NAPHEY'S MODERN THERAPEUTICS*, or any other book selling at retail for \$2.50.

3. For 5 new subscribers and \$25, any Books or Surgical Instruments to the amount of \$6.

4. For 10 new subscribers, and \$50, the same to the amount of \$12.50.

5. For 15 new subscribers, and \$75, an elegant Pocket-case of Instruments worth \$20—or Books or Instruments to that amount.

*** If a new subscriber takes two or more of our publications at commutation rates, the amount must count \$5 only for the premiums.

PORTRAIT OF DR. GROSS.

As a NEW YEAR'S PRESENT, we propose to send our subscribers in the issue of the *MEDICAL AND SURGICAL REPORTER* for January 1st, 1870, a *Splendid, First-Class, Original STEEL-ENGRAVED PORTRAIT* of

SAMUEL D. GROSS, M. D.,

Professor of Surgery in the Jefferson Medical College of this city.

A few ARTISTS' PROOFS of the Portrait will be struck off on boards of a size suitable for framing. Price \$1.00 each.

OVER PRODUCTION.

With our unmeasured prairies and undeveloped resources this is a question which seems far off from us. It is otherwise in the crowded nationalities of Europe, with their limited areas. The truth of the doctrines of MALTHUS is there presented in its undisguised severity, and what is more they are practically received and acted on. A recent editorial in an English medical journal recognizes this. It says:

Malthus has more disciples than most people think for; many who almost shudder at his name, practise and recommend his doctrines. Those who hold that over-competition is wearing men's souls and wearing out their bodies; that superfluous population is the cause of want of work, and, therefore, indirectly the cause why young men take to dishonesty, and young women to prostitution, are all in Malthus' camp. The poor woman who suckles her child a year longer than the proper time, in the hope of delaying her next pregnancy, is a practical Malthusian; and there is yet a larger class, and one which still less suspects its own leadership. The parent, who discourages his son's marriage because his business is not good enough; the poor-law guardian, who angrily asks his quiverful applicant, "Why did you marry?" the benevolent lady or clergyman, who looks regretfully on the teeming alley, and sighs over "the improvident marriages of the poor," are all Malthusians at heart. They one and all acknowledge that over-population is an evil—and more than that, in the prudence which they recommend, they admit the principle that it is right, or indeed a duty, to allow human thought to act as a check on human instinct, and to alter what would otherwise be the natural current of things. Of course! for what other earthly use was the faculty of thought given us, than that we should look beforehand and regulate our present conduct by its probable results? To deny this, is to deny the nature of prudence; to become natural in the sense of falling back on the ignorant instincts of the brute. Yet this is precisely what Malthus asserted. He went into no detail as to the remedy; he simply stated what all must believe, that over-population is a great evil; that natural laws and natural instincts tend inevitably to produce it; and that it is for the nobler faculties of man, his conscience, his benevolence, and his intellect, to find the best means of help.

There are words here which we can all take home. This question of over production, viewed as one of medico-civil life, has an immediate application in America. True that there is room enough for millions more in our vast territories, but there is also a sensitive fear on the part of parents of having children for whom they cannot provide, and there is a delicate organization among American women, peculiar to them perhaps, which leads them to dread the sufferings of childbirth and the pangs of maternity more than other women.

The alarming prevalence of uterine disease in this country may probably be regarded as one of the proofs of this delicacy, and one of

the excuses for the desire to limit child-bearing. The question whether this can be done with safety and without having recourse to means, either criminal and injurious, is one which has attracted a great deal of attention of late in some scientific circles in England.

A society, called the Dialecticians, has received a great deal of uncalled-for criticism by opening the subject, and a number of letters from physicians and others have appeared in the *Medical Press and Circular*.

We have been watching the discussion with interest, but so far it has failed to result in much of importance to readers this side of the water. There are some eminent men, Dr. DRYSDALE, of London, Mr. J. STUART MILL, Dr. HENRY MAC CORMAC, of Dublin, and others, who have come out with decided words in favor of restraining over-production. The question seems to have strong supporters on both sides.

In this country, though of very general interest, it seems to have been little discussed. The only work we have seen in which it is treated of at all, is that by Dr. NAPHEYS, of this city, reviewed some weeks since in the REPORTER, "*The Physical Life of Woman*." He discusses quite thoroughly, and from careful reading, the subject of "the limitation of offspring" and decides in favor of such limitation, and speaks of various methods by which it is accomplished. We also notice that one of our American medical exchanges has occasionally referred to the topic. But it chiefly remains an untouched subject.

MIXED CLASSES AT CLINICS.

In some recent remarks on this subject, we animadverted on what was stated to us as a fact, viz., the presence of thirty female students at a clinic when an operation was performed for perineal section in the male. From a statement before us, from ANN PRESTON, M. D., we are inclined to think that the number may have been exaggerated. It is certain, that there were not so many from the Woman's Medical College, as, at no time, have so many attended the clinics in the Philadelphia Hospital, from that school. If there were anything like that number present on the occasion referred to, they must have been persons who were not attending at that school—and some of them may not have been students at all.

We learn with pleasure that the Faculty of

the Woman's College are determined that their students shall not overstep the bounds of propriety in attending clinics. They inform us that they supposed, when they took their students to the clinic at the Pennsylvania Hospital that the Managers had conferred with the Medical Staff, and that it was arranged that only such cases would be presented, as in their estimation could be properly presented before a mixed class of young men and women. The first error seems to have been in supposing that the Managers had any sense of propriety in the matter, or any regard for the feelings and opinions of the Medical Staff—and the second consisted in the mistaken notion that proper clinical instruction can be given to mixed classes at all. No—it cannot be done, and do justice to the male students. The clinics were already limited by the exclusion of females whose diseases required an exposure of the person which would not be proper before a class of male students, and it was asking a little too much of human nature to either expose male patients before a female audience—nay, a mixed audience of males and females—or else deprive the class of the benefits of a clinic which should present cases as they come into the hospital, and as they will come under the notice of the physician in active practice. It is the height of folly to suppose that clinical instruction can be so adapted to "ears polite" that young men and maidens may gather around the lecturer and hear nothing that is improper for such an audience, and yet do full justice to clinical teaching. Cases must be presented as they come—now a case of fractured arm, and now one of operation for stone in the bladder, etc.

The responsibility both of the indiscretion into which the male students were betrayed, and of the false position in which the female students were placed when they came to a clinic which was intended for, and adapted to, male students alone, comes back on the Board of Managers who had the discourtesy to institute radical changes without consulting the Medical Board.

We hear that the views of the Medical Staff, as well as of the profession generally, and many of our substantial citizens, have been laid before the Board of Managers, and that it has led to earnest discussions in that body which betoken some much needed changes in their organization. We trust that these matters will be put in proper shape soon.

THE MEDICAL PROFESSION AND THE MANAGEMENT OF HOSPITALS.

The following resolutions passed by one of the most ancient and learned medical societies in this country, will, we are sure, commend themselves to the judgment of every right thinking man. They convey a dignified and very proper rebuke to the conduct of the managers of several hospitals in this city and elsewhere, which has been the cause of the exhibition of so much unpleasant feeling.

At a stated meeting of the College of Physicians of Philadelphia, held Wednesday evening, Dec. 1st, 1860, the following resolutions were unanimously adopted:

Resolved, That as hospitals depend in great measure for their efficiency and good repute upon the character and skill of their medical officers, and as these officers habitually perform their laborious and often dangerous duties without compensation, and with great devotion and zeal,—it would seem that justice, as well as courtesy, required that in all things pertaining to the medical discipline of such institutions, the medical staff should not only be consulted, but that no measure materially affecting the patients should be adopted without their concurrence.

Resolved, That in our judgment such consultation and concurrence are equally desirable whenever it is proposed, by the governing board of a hospital to change the system, established by long usage and general consent, of giving clinic instructions; and that students of medicine authorized to attend the clinics, as well as the medical staff, have good reason to feel aggrieved by regulations which are innovations upon established custom, which affect their interests seriously, and which have been enacted without their knowledge, concurrence and consent."

JOHN H. PACKARD, *Secretary*.

Notes and Comments.

Deaths from the Use of Poison.

In the New York papers of the 3rd and 4th inst., are recorded the deaths of three persons from the use of poisonous or dangerous drugs without the advice of a physician. A woman in the habit of using chloroform for the relief of neuralgia died from an overdose; another committed suicide by means of poison purchased at a drug store; and a man who had taken morphia for a long time for some real or fancied nervous affection, lost his life from an overdose.

Curious Facts in Acoustics.

The firing of the guns at the late meeting of the Highland Rifle Association at Inverness, was heard distinctly, says a Scottish journal, as far as Cairnorm Hills, and in the forest of Abernethy, a distance of fifty miles. The wind was favorable for carrying sound in that direction, and there is a steady rise in the ground nearly all the way.

The Mixed Clinic Question in New York.

The medical students in New York have remained extremely quiescent on the question of mixed clinics. It is true that some of the students of the Bellevue Hospital Medical College endeavored to pass a resolution congratulating their Philadelphia brethren on the stand they had taken, but the matter was dropped from apathy on the part of the class. The students at the College of Physicians and Surgeons, and at the Medical Department of the University of New York, have taken cognizance of the matter in no way whatever. It is but fair to state that so far the presence of the female students has been confined only to two or three weekly clinics at Bellevue Hospital, and has in no way interfered with medical instruction.

Supervisors vs. Doctors.

The Supervisors of Lewis county, West Virginia, having ordained that no claim of a physician should be paid for attendance on paupers, except on order of the Overseer of the Poor, nor unless properly sworn to, nor at a higher rate than 50 cts. per mile, *including medicines!*—(just think of that reader, in the mountains of West Virginia!)—the physicians "talk back" in this edifying style, which we commend to others on similar provocation.

Resolved, That we do not concede the right of any man or body of men (except our Medical Societies) to regulate or control the fees of our profession any more than would those of the lawyer or merchant; and be it further

Resolved, That, as the Medical Societies, both of the County and State, following the precedents established by all professions, have established a rate of fees which we do not deem too high or exorbitant, we, as members of the medical profession, would deem it dishonorable to give our services to the public and county at a less rate of compensation than that which we charge our own citizens and friends; and be it further

Resolved, That we will not render any medical aid whatever to persons supported by the county at a less rate than that charged to others; and we desire it to be understood that in receiving an order from the overseer as "ordained," to visit any pauper, that we do so with the understanding that we are to have our usual fees, and to *receive pay for all medicines furnished*; and be it further

Resolved, That we have noticed with regret the continued and persistent efforts of a part of the supervisors of this county to place such restrictions upon the members of our profession that they could not, without a loss of professional dignity and character, extend to the paupers of our county that aid which they otherwise would have so cheerfully rendered.

[Signed,]

DR. J. ROACH,
DR. T. CAMDEN,
DR. T. B. EDMISTON,
DR. WM. J. BLAND,
DR. N. B. BLAND,

DR. E. CHRISTIAN,
DR. S. W. HALL,
DR. P. C. MUSSEY,
DR. B. GODON,
DR. J. MCWHORTHER.

Test for Albumen.

Dr. Mehu mixes in one part, by weight of crystallized carbolic acid or phenol, one part of commercial acetic acid, and two parts of 90 per cent. alcohol. In a case of albuminuria, to detect albumen, add to 100 grammes 2 centigrammes of commercial nitric acid, and after thorough mixing add 10 of the carbolic acid solution. The reaction produced is said to be very superior to that in which nitric acid alone is used.

The Medical Classes of 1869-70.

The medical classes of this city are about the same as last year, some increase, we believe, in the Jefferson school. In general, throughout the country, there is a diminished attendance. In Cincinnati the falling off from last year's numbers is 15 per cent. or more. We hear that in *all* the schools of St. Louis there are but about one hundred students.

Dispensary for Diseases of the Throat and Lungs in New York.

The New York Legislature at its last session chartered a Dispensary for Diseases of Throat and Lungs.

We understand that the State Department has just issued the charter. Among the trustees are Drs. James R. Wood, Crane, T. G. Thomas and W. A. Hammond. Dr. A. Ruppner is the physician. The dispensary will be opened for the reception of patients about the middle of December.

Correspondence.

DOMESTIC.

Brief Notes.

[Elicited by reading Dr. Thomas Hay's paper on the use of the "Long Tube," in obstructed bowels.]

EDS. MED. AND SURG. REPORTER:

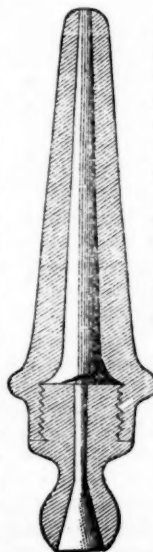
Dr. HAY, with the tact, the caution, the appliances which he possesses, may not find much difficulty in passing the *long tube* two feet into the intestines. But others have experienced greater difficulty, and have utterly failed to accomplish it. It is important that these should possess some other successful mode of treating the case.

Believing that much mischief may have resulted from the administration of drastic purgatives, in obstinate obstructions of the bowels, which they were insufficient to remove, I was glad to hear Dr. HAY disclaim such treatment, and place his chief dependence upon the *mechanical inflation of the bowels from below*. But, I fear that he has, unconsciously, *underrated* the difficulties generally experienced in the introduction of the *long tube*, and may, in the same manner, have *overrated* those which accompany the use of the *short one*. I have

had some experience in the use of the latter, and my estimate is different from his.

When quite a young student, I witnessed the treatment of a case of obstruction, in the old way, for three days, with purgatives and ordinary injections, without any relief. In the absence of the attending physician, I injected three pints of a strong solution of assafetida in warm water. A few minutes after he was placed on the *close-stool*, when he had a free evacuation, which afforded him permanent relief.

In 1820 I was called to see an elderly woman, L. H., who had been under family treatment for two or three days, for obstructed bowel. Observing the nature of the case, and that it was likely to prove intractable, I returned home and constructed a rude *anal tube*, with a valve in the interior, and so large as to fill the rectal orifice with an external flange, to support the sphincter ani muscle. Thus armed, I returned to my patient, and, with great ease, injected two quarts of warm milk and water, which she was enabled to retain for some minutes, by the support which the instrument afforded to the sphincter. When placed on the *close-stool* she had a very copious, and sufficient evacuation, without repeating the enema.



In the same year, (1820,) I applied to John Rohrer, then a surgeon's instrument maker, Philadelphia, and had an instrument, of the same kind, made to order, of ivory. The accompanying figure was drawn at that time, and shows a longitudinal section of half the size. The experience of half a century suggests no other improvement, than that the outer part should be made a little longer. It may be made of box-wood, ivory, or still better, of hard gum.

This instrument has now been in use almost fifty years; not only in my own, but in the practice of a number of neighboring physicians, who have repeatedly borrowed it as occasion offered. Some of whom have had similar ones made.

[We, who have thus tested its use, can certify that with any ordinary injecting apparatus, we have experienced very little difficulty in inflating the colon. And what is to us of infinitely greater value, except in a single case, it has never failed to afford speedy relief. A *post mortem* proved the exception to be produced by *external strangulation* of the bowel by its having been forced beneath a strong band of organized lymph.

The *anal tube pipe* has now been successfully em-

ployed in from twenty to thirty well marked cases of obstruction, with the single failure just mentioned. Can the advocates for the *long tube* claim more than this?

In many of the cases, a single inflation was sufficient, while in others it required to be several times repeated.

The material used has been various—milk, salt, soft soap, assafœtida, have each been added to the water. But it may be doubted whether irritants will not do more harm than good. They do not add to the inflation.

The quantity has varied from two to four and six quarts. In one very severe case, full seven quarts were injected at once, with immediate relief. The capacity of colons must vary, and perhaps the same one will vary under different circumstances. But so far as I have been able to judge, the relief afforded has been in direct ratio to the *distension*, or perhaps I should say, to the *distending force*.

E. MICHENER, M. D.

Toughkenamon, Chester county, Pa.,

15th of 11th mo., 1869.

Hydrophobia—Case of Georgiana McCready.

EDS. MED. & SURG. REPORTER:

As the false report of the case of Georgiana McCready, who died in this city last September, of hydrophobia, is attracting so much attention, I will here give the details of the case in full.

The patient, a young girl aged twelve years, was bitten the 12th of July last, about noon, by a small dog, said to be rabid. I was called to attend her soon after the occurrence, and found two severe wounds and several scratches, just in rear of the external and internal malleoli, and above the os calcis of the left foot. There not being sufficient soft parts to "cut out the bite," the tendo achillis being badly injured, and amputation being objected to by the parents, my only resort was cauterization, which I did with a stick of argent nitras most thoroughly, and bandaged the limb just above very tightly, to prevent, as much as possible, the return of the venous blood: until forty-five American leeches were applied about the wounds. Then I poured in the wounds a strong solution of acid carbolie, and ordered flaxseed poultices (made as directed by Dr. Gross) to be applied every hour, for twelve hours in succession; then every two hours, for two days; then four times a day, for three weeks; giving internally liq. potass. arsenitis, gtt. vj. ter die. At the end of this time the wounds healed kindly with glycerine and cream. There being no premonitions of hydrophobia yet, considering the large amount of surface exposed to the infection or absorption of the poison, I concluded that the animal was not really rabid, or if so, that the treatment must have been effectual. The child began

school duties again, apparently as well as ever, on the beginning of the tenth week from the date of the occurrence. On Sunday afternoon of the eleventh week, I was called to see her. She complained of pain in the dorsal, cervical and occipital regions; bowels soluble; stomach irritable. I ordered

R. Hyd. chlor. mit., gr. ½.
Pulv. ipecac. et. opii,
Bismuth subnit., aa. gr. v. M.

One to be taken every three hours until four were taken. Found her better next morning; in the afternoon still comfortable; ordered a dose of castor oil. I was called early next morning (Tuesday) for the same troubles, very much aggravated, with a wild, staring gaze of the eyes; eye-lids widely stretched and pupils dilated as if by atropia, and a sensation "as if something was crawling in her lame foot," which she said she had felt more or less since Sunday afternoon. Up to this time she could be induced to drink water, though there had been some repugnance to it since Monday morning. Now, there was a positive refusal, and a very visible shudder at the mere mention of it, a frightful expression of countenance, and a shrinking back in bed when it was carried near her so that she could see it. There was also some frothing at the mouth. Nourishment of any kind was refused since Monday at breakfast. The respirations and pulse had been on the increase since Sunday afternoon, until now the respirations began to be irregular, with occasional long breaths, and the pulse full, hard and frequent with spasmodic flutterings. I ordered her to take sulph. morphie gr. 1-5 every hour. Watching the effect very carefully, I noticed but a very slight contraction of the pupils even after the fifth dose. The respirations were more regular, circulation reduced in volume and frequency, and the pain easier but not entirely dissipated. Her senses were perfect, recognizing all about her, and begging her friends not to be concerned on her account.

Knowing the case to be one of hydrophobia, I determined to inject morphie sulp., hypodermically, enough to relieve her as much as possible of pain and other suffering, and carry the anodyne effect as far as practicable, having the pupils and subsidence of pain as my guide. Accordingly, as the effects of morphia she had taken by the mouth began to be exhausted, I injected one-sixth of a grain of sulp. morph. under the skin of the left arm, over the insertion of the deltoid, which, after fifteen minutes, produced a very little contraction of the pupils and quieted her to some extent. The case being one of rare occurrence, and my first of the kind, by consent of the parents I called in consultation Dr. F. F. BURMEISTER, at nine o'clock, P. M., (Tuesday,) who confirmed the diagnosis and recommended the continuation of morphia, hypodermically used, in quan-

ties sufficient to relieve pain. Accordingly one-eighth of a grain was given every three hours, carefully noting the effects. Beef tea was ordered, which the patient resisted taking. Finding it caused her a good deal of anxiety and pain, we ordered chicken broth injections, per rectum, which seemed to calm her very much. By appointment, and consent again of parents, I met Dr. BURMEISTER, together with Drs. THOS. SHRINER and HOUSTON, at nine o'clock, A. M., Wednesday, in consultation. The diagnosis was confirmed, and treatment continued with the addition of bromide of potassium, in fifteen grain doses, every hour, which the patient could not be induced to take though she was perfectly sensible. About eleven o'clock her symptoms began to improve and her whole appearance decidedly changed, and we began to hope for her life. She took water less reluctantly and ate ravenously. This continued until three o'clock, P. M., when her breathing suddenly became irregular and labored, the pulse quick and fluttering, and the pupils dilated to their fullest extent, but her mind was perfectly clear, taking notice of, and interest in, everything done in the room, and continued so until she died, about thirty minutes past eight o'clock, P. M., Wednesday.

J. SHULAR RANDLE, M. D.

Philadelphia, Nov., 1869.

NEWS AND MISCELLANY.

Artificial Respiration.

The *Revista Clinica* publishes a description of a new method for producing artificial respiration. The method has much analogy with that recently described before the Academy of Medicine of Paris under the name of "Succussion."

It is practiced in the following manner:—Take the child under the axillæ, and holding the head fixed by the palms of the hands, impress upon the body repeated shakes. The entry and exit of air through the glottis are indicated by a peculiar sound. The priority of discovery of this method is due to Pacini. It is based on the amplification of the thoracic cavity, produced by the elevation of the shoulders, which, by means of the clavicles, acts upon the sternum, and it acts upon the ribs.

Care must be taken that the head is neither much extended nor flexed. The following is the manner of proceeding:

The patient, being extended on a bed or table, the doctor takes his place at the head, and fixes it against the breast, then he pulls strongly with his hands on the arms of the patient, applying the four last fingers in the axillary cavity, and placing the thumb on the neck of the humerus. This being done, he gives the shoulders a forcible movement upwards and forwards.

It is necessary to make counter-extension by fixing the feet by some means or other.

Infant Mortality in France.

The Imperial Academy of Medicine of Paris listened recently with much satisfaction, and with symptoms of unequivocal approval, to a very remarkable discourse of M. Fauvel on the question of Infant Mortality. What, he asks, are the causes of the fearful death rate amongst nurselings? The principal ones may be divided into three heads:—Want of supervision, want of care, insufficient or unhealthy food. Of these causes, the last is undoubtedly the most hurtful; but the question is, how can it be remedied by regulations? Are there not general causes which will escape every supervision and every regulation? The deductions drawn by M. Fauvel show the social condition of most nurses, their poverty and their discomfort, which forbid them to afford their unfortunate nurselings anything but an inadequate quantity of food. Female lactation is utterly deficient in France; this is the fact enunciated by M. Fauvel, and it is deficient because maternal nursing having become exceptional, hired nursing no longer supplies the demand. There is no longer any choice of nurses, and it becomes necessary to employ those who are available, whatever they may be.

Large Families.

A writer in the *Medical Press and Circular* says: Is it not preposterous to find that a large family is made by one man a reason for his claiming our charity, and by another an excuse for his commission of a crime! and yet both these baits are, over and over again, swallowed by a gullible public.

It is not uncommon to see advertisements to the following effect:—"A case for the benevolent! An educated man, with a large young family, in great distress, appeals, &c., &c." All I can say is, that this gentleman's education has been of very little use to him, if it has not taught him, with other things, the wisdom, not to say the duty, of keeping his body in subjection to his reason. Large families are especially blameable in a clergyman. He who studies the Scripture, and whose life should be an example to his flock, should surely know how to be "moderate in all things," more particularly with regard to the most important functions of his being.

—A congress of naturalists and doctors was held at Fiume, in Hungary, on the 5th September. The assembly was presided over by Baron Vecsey, who inaugurated it with a very remarkable discourse. Amongst the most interesting communications which were read were those of Dr. Bodoogh on the Darwinian hypothesis, the same author on the influence of natural causes on nations, and by Dr. Domini on different climatological, meteorological, and sanitary questions in connection with the marine service.

OBITUARY.

J. SAPPINGTON, M. D.

Died on November 18, 1869, at Darlington, Md., Dr. John Sappington, in the sixty-eighth year of his age.

Dr. Sappington graduated at the University of Pennsylvania in 1825, and since that date has practised his profession at the place of his death, with great success, and with the result of having attached to himself a large number of friends who sincerely deplore his loss.

W. S. F.

QUERIES AND REPLIES.

Dr. C. H. T., Philadelphia.—Kuchenmeister advises, in the strongest terms, for ascariis lumbricoides, santonate of soda, in doses of gr. ij-iv, every morning and evening for several days, for children.

All other anthelmintics for round worms are as naught, he considers, compared with this.

When he prescribes santonin itself he orders the following:

R. Santonin, gr. ij-iv.
Olei ricini, f. ʒj.

A teaspoonful (for a child) every hour till it acts.

Dr. C. H. H., Ky.—We would recommend the Boston *Journal of Chemistry*—50 cents a year. The *Journal of Applied Chemistry*, published in New York, is also a good journal of the kind. The price is \$1.50 a year. We will subscribe to either for you.

[Notices inserted in this column gratis, and are solicited from all parts of the country; Ordinary Notices and Resolutions of Societies at ten cents per line, ten words to a line.]

MARRIED.

ASHBURST—LACEY.—In this city, on the 1st of December, at the Church of the Epiphany, by the Rev. Dr. Newton, Francis Ashburst, M. D., and Sarah D., daughter of the late William N. Lacey.

BEACH—ANDREWS.—At Westport, Conn., Nov. 30, by the Rev. J. Eaton Smith, assisted by Rev. Dr. Short, Dr. Wooster Beach of New York and Caroline B. Andrews of Westport.

CALHOUN—WESTERFIELD.—By Rev. Silas Johnson, Nov. 9th, Mr. S. S. Calhoun, of Indianola, Iowa, and Miss Gertrude Westerfield, daughter of Dr. C. Westerfield, of Green Bush, Warren county, Iowa.

CARLISLE—RANKIN.—October 21st, at the Mount Prospect parsonage, by Rev. R. T. Price, A. S. Carlisle, M. D., of Candor, Pa., and Miss Jennie E. Rankin, of Mount Pleasant township, Washington county, Pa. (See record of deaths.)

DAVIS—HARRIS.—On the 23d ult., at the residence of the bride's parents, by the Rev. John Pegg, Sr., Dr. Chas. H. S. Davis and Miss Carrie E. Harris, both of Meriden, Conn.

FARR—MINOR.—November 18th by the Rev. T. S. Guthrie, Mr. Wm. Henry Farr, and Miss Mary E. Minor, eldest daughter of Dr. W. H. B. and Caroline Minor, all of Eaton, Ohio.

HENRY—NANCERDE.—In this city, November 23d, at St. Andrew's Church, by the Right Rev. William Bacon Stevens, D. D., Protestant Episcopal Bishop of Pennsylvania, Frederick H. Henry, M. D., and Josephine P., youngest daughter of Thomas D. Nancerde.

HILL—DAVIS.—November 25th, at the residence of the bride, at Willistown, Pa., by Rev. J. Phillips, A. L. Hill, M. D., of Philadelphia, and Anna M. Davis.

MCCAFFERTY—WHITE.—November 16th, at the residence of the bride, by Rev. S. Steel, Dr. Robert H. McCafferty, and Mrs. Lillie B. White, all of Hillsboro, Ohio.

MAHON—SMITH.—November 18th, at St. Luke's Church, Germantown, Pa., by the Rev. John Rodney, J. Alexander Mahon, M. D., of Camden, N. J., and Mary Bringham, daughter of the late C. Augusta Smith, of Cincinnati.

METZGAR—LLOYD.—Oct. 28th, in the New Salem Presbyterian church, by Rev. D. Harbison, assisted by Rev. J. S. Hawk and Rev. P. S. Jennings, Dr. L. R. Metzgar, of East Liberty, and Miss Jennie M., daughter of David Lloyd, Esq., of Salem, Westmoreland county, Pa.

MIRICK—WALKER.—In Belchertown, Mass., Dec. 2, at the residence of the bride's uncle, Mr. Oromel Walker, by the Rev. Mr. Woodworth, Dr. H. G. Mirick, of Brooklyn, N. Y., and Miss E. Virginia, daughter of the late Mr. P. C. Walker, of the former place.

PIERSON—TRAGO.—By Rev. A. Swaney, Nov. 9th, at Carrollton, Ohio, Mr. Dallas C. Pierson, of Upper Sandusky, and Miss M. Laura Trago, only daughter of Dr. V. Trago.

SARVIS—DASHER, (nee BROOKS).—In the city of Columbus, Ga., Sept. 13, at the residence of the bride's father, Mr. F. M. Brooks, by the Rev. Meall, Dr. H. V. Sarvis, of Patterson, Pierce county, Ga., and Mrs. Mollie M. Dasher, of Columbus, Ga.

STONE—LONG.—November 24th, at the residence of the bride's father, by the Rev. G. W. Terry, of Gosport, Ind., R. French Stone, M. D., of Bainbridge, and Tillie C., daughter of Dr. Wm. Long, of New Maysville, Indiana.

STONE—MORSE.—In Newton, Mass., Nov. 16th, Dr. Richard H. Stone, of Brooklyn, N. Y., and Miss Carrie Morse of New on, Mass.

DIED.

ADAMS.—Surgeon Newton H. Adams, of the United States Navy, died in Washington on November 18th, aged thirty-four years.

BENHAM.—In Pittsburg, Pa., November 17th, Robert Rand, only son of Dr. S. N. and Nellie Rand Benham, aged one year.

CARLISLE.—November 1st, after a few hours' illness of congestion of the brain, at the residence of his father, in Smith township, Washington county, Pa., A. S. Carlisle, M. D., of Candor, Pa. (See record of marriages, above.)

DARLING.—Dr. Darling, an old and experienced physician, died recently in Brookville, Jefferson county, Pa., in the 83d year of his age.

KIERNAN.—Suddenly, November 27th, 1869, of congestion of the lungs, Gen. James L. Kiernan, M. D., late U. S. Consul at Chin-Kiang, China, aged 32 years and 1 month.

LANE.—October 16th, at the residence of her father, Wm. B. Lane, M. D. Washington county, Pa., Miss Elizabeth Antoinette Estelle Lane, in the 31st year of her age, of Laryngitis, complicated with tubercular disease of the lungs.

PHELPS.—In Windsor, Vt., on the 22d ult., George B. Phelps, youngest son of Dr. E. E. Phelps; from the result of wounds received at the battle of Antietam.

PROUDFIT.—In New York, November 30, Julia M., widow of the late Dr. James O. Proudfit.

SHAW.—In Bethel, Vt., November 17th, Cynthia L. Shaw, wife of John M. Shaw, of Bethel, and daughter of Dr. John Porter, of Schroon, N. Y., aged 59.

METEOROLOGY.

NOV.	22.	23.	24.	25.	26.	27.	28.
Wind.....	S. W. C'dy	S. W. C'dy	N. W. C'dy	N. W. S. W. Clear	S. E. C'dy	N. W. Clear	
Weather..		Rain	Rain.			Rain.	
Depth Rain			8-10			3-10	
Thermom.							
Minimum..	25°	21°	32°	18°	21°	30°	21°
At 8 A. M.	32	42	49	39	30	42	38
At 12 M.	42	40	41	37	42	45	44
At 3 P. M.	43	45	40	36	41	44	44
Mean.....	35.50	37.	38.75	34.25	33.50	40.25	36.75
Barometer..							
At 12 M.	30.1	30.1	30.1	30.1	30.1	30.	30.1
Germantown, Pa.							B. J. LEEDOM.